

# 53rd UN Commission on the Status of Women, March 2009:

## Joint Report on Caregivers Action Caucus Advocacy

### 1) Introduction

The 53rd UN Commission on the Status of Women (CSW), (2-13 March 2009, New York) focused on "The Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS". At the end of the Commission, all participating UN member states at the CSW came to a consensus on the final output document, entitled the "Agreed Conclusions" (<http://www.un.org/womenwatch/daw/csw/53sess.htm#agreed>). This year's Agreed Conclusions (AC) are particularly important because it is the first document adopted in plenary by the UN Member States that addresses care-giving in any detail. The Agreed Conclusions are a potentially powerful lobbying and advocacy tool for civil society because governments have already agreed to the statements within. Civil society can therefore hold governments to account by monitoring and evaluating the level of implementation of the Agreed Conclusions at national level.

### 2) Caregivers Action Caucus Advocacy and Results

A Caregivers Action Caucus was formed at the beginning of the Commission by caregivers and supporting organisations. The Caucus included:

Association for Women's Rights in Development, Coalition of Women Living with AIDS (Malawi), Cordaid, Fundacion Guatemala, GROOTS International, GROOTS Kenya, Huairou Commission, HelpAge International, Land Access Movement of South Africa, Ntankah Village Women Common Initiative Group (Cameroon), Nuevo Amanacer (Honduras), Rwanda Women's Network, UCOBAC (Uganda), Urban Poor Women Development (Cambodia), VSO International, World YWCA.

The Dutch NGO Group also joined the Caucus, including:

E-Quality, WO=MEN, NVR, Aim for Human Rights, Oxfam-Novib, Share-Net, Tiye, Netwerk VN-Vrouwenverdrag, Choice, AMREF, International Alliance of Women, Vrouwenbelangen, WPF, Gender Concerns International.

The Caucus met daily with the objectives of:

- increasing the visibility of the participating grassroots caregivers and of their experiences and expertise
- coordinating and strengthening advocacy efforts to ensure the key advocacy messages of caregivers were included in the Agreed Conclusions

The Caucus produced a series of advocacy documents suggesting changes in the text of the Agreed Conclusions to member states. Following the lobbying and advocacy efforts of the many individuals and organizations involved, CSO and governmental alike, the majority of our advocacy calls were reflected in the final Agreed Conclusions.

### 3) How to read this document

The many text suggestions we made fit under the umbrella of five key recommendations that reflected the main advocacy calls of the organisations and caregivers involved in the Caucus. The right column of the table below lists those 5 key recommendations. The left column lists how the recommendations were addressed in the Agreed Conclusions. In parentheses we have referenced the corresponding paragraph number. At the end of the document you will find the issues we felt were not strongly addressed by the Agreed Conclusions that were a core part of our advocacy.

This summary was produced by:



CAC Recommendation	Key paragraphs and language included in Agreed Conclusions (AC)
<b>1. Recognize, affirm and support community caregivers by including them as decision-makers in design, implementation, monitoring and evaluation of resources and programmes</b>	<ul style="list-style-type: none"> <li>• Recognition of the disproportionate burden of care on women and girls (4)</li> </ul>
	<ul style="list-style-type: none"> <li>• Recognition on what caregiving entails, where it occurs (household, family, community) (9, jj)</li> </ul>
	<ul style="list-style-type: none"> <li>• Acknowledgment of availability of infrastructure and support services as an important factor in the caregiving issue (9)</li> </ul>
	<ul style="list-style-type: none"> <li>• Acknowledgement of the role of national machineries, civil society and women's organisations (12)</li> </ul>
	<ul style="list-style-type: none"> <li>• Commitment to the equal participation of women and men in political life (13)</li> </ul>
	<ul style="list-style-type: none"> <li>• Recognition of the need to engage women, including caregivers in decision making processes (i, n, jj, yy) and calls for the establishment of goals and benchmarks to enhance their participation (g)</li> </ul>
	<ul style="list-style-type: none"> <li>• Recognition of the need for caregiving responsibilities to be shared between women and men and to strengthen dialogues and coordination between all stakeholders (p)</li> </ul>
<b>2. Increase the quality of accessible funding for caregiving and earmark a minimum percentage of direct funding support for community-led responses to AIDS, particularly those driven by women.</b>	<ul style="list-style-type: none"> <li>• Strengthen women's access to resources to support their caregiving role in the context of HIV/AIDS (i)</li> </ul>
	<ul style="list-style-type: none"> <li>• Calls to measure the unremunerated work that falls outside national accounts and to recognise its value (q, r)</li> </ul>
	<ul style="list-style-type: none"> <li>• Significantly scale up efforts towards Universal Access which includes care and support (requiring significant scale up in funding) (ff)</li> </ul>
	<ul style="list-style-type: none"> <li>• Review and adapt resources and programmes to ensure they contribute to empowering women in relation to HIV/AIDS (ii)</li> </ul>
<b>3. Strengthen and expand public health care services and human resources for health by increasing international and national funding, in a continuum of care that supports women and girls providing care services in their households and communities in the context of HIV/AIDS</b>	<ul style="list-style-type: none"> <li>• Develop, expand and adequately resource provision of care and support services, including through community based support systems and ensure that services meet the needs of caregivers and receivers (bb)</li> </ul>
	<ul style="list-style-type: none"> <li>• Recognition of the need to address the issues of human resources at all levels of the health system (cc, mm, aaa)</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide adequate resources to provide quality, accessible health services (dd, aaa) including community based services (mm)</li> </ul>
	<ul style="list-style-type: none"> <li>• Recognition of access to medicines as a fundamental element in achieving highest attainable standard of health (hh)</li> </ul>
<b>4. Protect and promote women's land and inheritance rights</b>	<ul style="list-style-type: none"> <li>• NB: no language explicitly addressing issues of women's land and inheritance rights but useful applicable text on rights more broadly</li> </ul>
	<ul style="list-style-type: none"> <li>• Review, revise and abolish laws, regulations, policies, practices and customs that discriminate against women or have a discriminatory impact on women (d)</li> </ul>
	<ul style="list-style-type: none"> <li>• Women and children's access to legal protection, including through domestic mechanisms (e)</li> </ul>
	<ul style="list-style-type: none"> <li>• Mainstreaming gender in legislation and the promotion of gender equality (f, s)</li> </ul>
	<ul style="list-style-type: none"> <li>• Promotion of human rights (s, gg) of women and the girl child (i)</li> </ul>
	<ul style="list-style-type: none"> <li>• Development of policies and programmes to address the needs of women and girls for social and legal protection, particularly older women, widows, caregivers and women infected/affected by HIV/AIDS (kk)</li> </ul>
<b>5. Reduce household poverty and the cost of care through government provision of basic services and</b>	<ul style="list-style-type: none"> <li>• Provision of full and equal human development opportunities for women and men (l)</li> </ul>
	<ul style="list-style-type: none"> <li>• Development and implementation of poverty eradication strategies (n)</li> </ul>
	<ul style="list-style-type: none"> <li>• Recognition of the need for poverty eradication (gg)</li> </ul>

<b>social protection measures, as well as building the capacity of community-based organizations to develop livelihoods initiatives for care providers.</b>	<ul style="list-style-type: none"> <li>Enhanced capacity of women and girls to empower them to meet the negative social and economic impacts of globalisation (n)</li> </ul>
	<ul style="list-style-type: none"> <li>Affordable, accessible and quality care services (bb) for children and dependants (o)</li> </ul>
	<ul style="list-style-type: none"> <li>Increased social protection (s), including health insurance, child and family benefits (v), pensions and saving schemes (w)</li> </ul>
	<ul style="list-style-type: none"> <li>Women and girl's rights to health (kk) – physical, mental and sexual and reproductive (aa) – and education (dd) at all levels, including sex education (aa, kk)</li> </ul>
	<ul style="list-style-type: none"> <li>Availability and access to public infrastructure, including transportation, clean, safe and reliable water, sanitation, energy, telecommunications and housing to reduce the burden of care (ee)</li> </ul>
	<ul style="list-style-type: none"> <li>Increased access to economic resources, including micro-credit and sustainable economic opportunities (kk)</li> </ul>
	<ul style="list-style-type: none"> <li>Maintaining commitment to 0.7% of GNP to ODA (bbb)</li> </ul>
<b><u>Other important issues addressed:</u></b>	<ul style="list-style-type: none"> <li>involvement of men in caregiving is addressed in many paragraphs (i, l, p, qq, uu)</li> </ul>
	<ul style="list-style-type: none"> <li>Responsibility of men in prevention (nn)</li> </ul>
	<ul style="list-style-type: none"> <li>Special groups mentioned: older and young people, the sick, children, disabled people, migrants (migrant girls), domestic workers, widows</li> </ul>
<b><u>Issues missing from the AC:</u></b>	<ul style="list-style-type: none"> <li>Detail on Millennium Development Goals</li> <li>Universal access to care and support noted – does not reaffirm language to 'pursue all necessary efforts'</li> <li>Task shifting – no mention of WHO recommendations and guidelines on task shifting (3)</li> <li>Convention on the rights of persons with disabilities not included</li> <li>Inheritance and property law language not picked up at all – just basic inclusion of human rights issues (4)</li> <li>Not strong language on UN Gender Architecture Reform and no concrete commitments to leadership and resourcing</li> <li>Not as explicit on consulting organised groups of caregivers on policy reform, development, etc. (1)</li> <li>The need for the development and/or expansion, and resourcing of equitable, quality, accessible and affordable care and support services is recognised, including through community-based support systems, but the coordination between state and community and the need for adequate referral systems is missed (3)</li> <li>Involvement of community based systems and carers is recognised but no mention of supporting community carers with training, equipment and compensation (1, 3)</li> <li>No reference to the effects of privatisation of the health service on the workload of unpaid caregiving by women (3)</li> <li>Lack of recognition of the role of women and men of all ages in providing care (3)</li> <li>Need for human resource increase at all levels of the health system is recognised but unclear whether this fully integrates the care being provided at the community level in a continuum of care (3)</li> <li>Lack of commitment on ensuring increased resources at the community level (2)</li> <li>No acknowledgement of the need for improved psychosocial support for carers (1/3)</li> <li>No inclusion of prevention in services for older women and children (among others) heading households</li> <li>Research does not stress participation, collaboration, action-oriented or the need for pilots</li> </ul>